

**FILED MAR 18 1943**

Registration District No. **77**

Primary Registration District No. **3016**

1. PLACE OF DEATH  
 (a) County **Cole**  
 (b) City or town **Jefferson City Mo**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution **St Mary Hospital**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay **In hospital or institution 3 weeks**  
 In this community **18 yrs** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Mo** (b) County **Cole 26**  
 (c) City or town **518 Gordon St 5**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **Jefferson City Mo**  
 (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Roy H Kunz**  
 (b) If veteran,  name war   
 (c) Social Security No. **490-09-8485**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **Feb.** day **18**  
 year **1943** hour **12:05** minute **a.** M.

4. Sex **M. O** 5. Color of race **W.**  
 6. (a) Single, widowed, married, divorced **Widowed**  
 (b) Name of husband or wife **June**  
 (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **Aug 26 1894**  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan 22**, 1942 to **Feb 18**, 1943.  
 that I last saw him alive on **Feb 18**, 1943;  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death \_\_\_\_\_

8. AGE: Years **48** Months **5** Days **23**  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Chronic coma 48 hrs  
 Due to **Chronic nephritis with Hypertension?**  
 Other conditions **131 f**  
 (Include pregnancy within 3 months of death)

9. Birthplace **Centertown Mo**  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation **Mechanic**

Major findings: **Blood N.P.N. 800 mgms**  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
 12. Name **Frank Kunz**  
 13. Birthplace **Pa**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Elisa Schirmer**  
 15. Birthplace **Osark City Mo**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Frank Raithel**  
 (b) Address **516 Clark Ave**  
 17. (a) **Burial** (b) Date thereof **Feb 20 1943**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Centertown Mo**

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director **Hope J Gordon**  
 (b) Address **Jefferson City Mo**  
 19. (a) **2-23-43** (b) **Theresa Richter**  
 (Date received local registrar) (Registrar's signature)

23. Signature **J H Ossman** (M. D. or other) **M. O.**  
 Address **Jefferson City, Mo.** Date signed **2/19/43**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

*Ferd P. Aulle*

Licensed Embalmer No. ....

*3890*

P. O. Address.....

*Jefferson City Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**